Approved Addiction Education Providers
For Alcohol and Drug Counselor Licensure
Overview

Under state law,[1] educational experience used to meet requirements for Licensed Alcohol and Drug Counselors (LADCs) must be from an educational entity approved by the Bureau of Substance Abuse Services (BSAS). This document provides a brief history of the regulations that govern LADCs and sets forth the standards and process for becoming an approved Addiction Education Provider (AEP) in accordance with the existing regulations. An educational program must complete the attached application in order to be considered for approval by BSAS.

I. Background

In 2004, 105 CMR 168.000, the Licensure of Alcohol and Drug Counselors went into effect. These regulations were developed by BSAS and an advisory group made up of representatives from the field of substance abuse treatment, education providers and several pre-existing certifying bodies including, NAADAC, MAADAC and IC&RC (described below). The regulations were developed pursuant to MGL C 111J and established eligibility requirements and an application and renewal process for three levels of licensure: LADC I, LADCII and LADC Assistant. To be considered eligible for licensure, LADC I and II applicants must complete 270 hours of approved education and 300 hours of approved practical experience and LADC Assistant applicants must complete 50 hours of approved education.

The purpose of this approval process is to ensure that individuals obtain the necessary rigorous education experience for licensure through a process which is simple and transparent for the licensure applicant, the education provider, and the regulatory body.

II. National Standards

Much work has been done in the addictions field to delineate standards for minimum training and competencies a person entering the field as a professional should have. Based on a review by a BSAS internal working group, these standards meet or exceed the minimum educational requirements for MA LADCs. Standards set by the following entities provide detailed review of necessary content:

- **NASAC** - the National Addictions Studies Accreditation Commission (which combined the academic program accreditation standards of *NAADAC*, *the Association for Addiction Professionals* and *INCASE*, *the International Coalition for Addiction Studies Education*).
- **NAADAC, the Association for Addiction Professionals** (formerly the National Association for Alcoholism and Drug Abuse Counselors). NAADAC standards for academic programs were incorporated into NASAC *accreditation*, but NAADAC maintains separate *approval* processes for academic education providers and continuing education providers.
- **IC&RC** - the International Certification & Reciprocity Consortium. The MA IC&RC member responsible for implementing the standards is the *MA Board of Substance Abuse Counselor Certification (MBSACC)*.

All of these incorporate SAMHSA's Technical Assistance Publication TAP 21, "Addiction Counseling Competencies: the Knowledge, Skills and Attitudes of Professional Practice." They also address other aspects

[1] This approval process is supported by the statute governing the regulation of alcohol and drug counselors, MGL Chapter 111J (Sec.3: "Each applicant for a license shall furnish the department with proof of satisfactory completion of the educational, training and experience requirements for licensure, including completion of an *approved* program…") and the accompanying licensing regs, 105 CMR 168.006 A(2): "An applicant shall… have completed an *approved* program of education consisting of a minimum of 270 hours that address the full range of knowledge, skills, and professional techniques related to alcohol and drug counseling."

of practice, such as the 12 Core Functions originally based on the Birch/Davis study and updated via ongoing IC&RC studies, or the NAADAC-National Certification Commission credentialing standards. **This is key content for today's addictions workforce.** BSAS recognizes that many addiction education providers will have applied for approval/accreditation by one of the three organizations listed above; certain materials prepared for such approval/accreditation will also be accepted for portions of this Approved Education Provider application. Demonstration of coverage of this content, either by approval/accreditation by one of these bodies, or independent demonstration to BSAS, is required to become an approved AEP.

III. Massachusetts Standards

BSAS-approved Addiction Education Providers must also prepare students to meet Massachusetts Licensed Alcohol and Drug Counselor (LADC) regulations. Educational programs are encouraged to periodically review the following BSAS documents to keep updated about areas of focus and those skills which will be particularly in demand in the field and at BSAS-licensed and funded programs:

- *Principles of Care and Practice Guidance* documents are sub-regulatory companions to BSAS regulations, 105 CMR 164.000: Licensure of Substance Abuse Treatment Programs. BSAS issues these documents under its regulatory authority, and uses them to promote excellence in substance abuse prevention and treatment services.
- On the BSAS Website you will find the *Standards of Care* for contracted programs, which specify key areas of knowledge and skill. Be in touch with providers in your region to better understand current workforce needs.
- Program Regulations
- LADC Regulations
- BSAS Mission and Vision ("We Believe"):
  Mission: We foster healthy life choices through culturally responsive services that prevent, treat and promote recovery from substance related disorders.

  We Believe:
  - Substance related disorders can be prevented and must be treated as a chronic disease.
  - In strengthening people through prevention, treatment and recovery.
  - Substance related disorders affect individuals, families and communities.
  - Everyone in the Commonwealth must be treatment with dignity and respect and must have access to quality ongoing care.
  - Our services must be diverse and responsive to all cultures.
  - Eliminating the stigmas associated with substance related disorders is integral to our prevention and treatment efforts.
  - Recovery works.

BSAS expects the following will be addressed by educational programs, regardless of phrasing differences in national standards:

A. Learning Experience - describe how these are covered throughout your program:

1. **Culturally and linguistically appropriate** approaches should be used. Refer to this example from an Australian University on Creating a Culturally Inclusive Classroom Environment.
2. **Adult-oriented learning approaches**, such as experiential learning, should be used.
3. **Quality Clinical Supervision** should be provided for any practicum.
4. **Educational content** should be continuously updated and based on current science and research.

B. General Content Requirements – describe how the following areas are covered by program courses:

1. **Addiction** should be covered comprehensively, including both process and substance addictions.
2. **All stages** of substance use should be covered including abstinence, use, abuse, and dependence.
3. **Addiction should be approached as a chronic disease which is treatable,** and for which effective treatment attends to the multiple needs of an individual and family.

4. **Evidence Based Practices** must be included, as well as methods designed to help one remain current on new techniques and trends in the field. For example, Motivational Interviewing is a widely adopted evidence-based practice which is supported by BSAS.
5. **Adaptations** of techniques for particular populations should be taught.
6. **Prevention and Treatment** should be approached as collaborative activities.

C. Specific Content Requirements – describe how the following areas are covered by program courses:

BSAS recognizes that AEP curricula cover most, if not all, of the topics described below. The purpose of this section is to provide a clearer understanding of the framework that students will be expected to work within once they enter the field, and to learn how AEPs address these topics within their curricula. If a particular topic is not covered, BSAS will work with the AEP to figure out how best to incorporate it.

1. Basic Concepts of Addiction
   a. **Pharmacology/Neurobiology:** Descriptive and up-to-date information about common drugs of abuse, and how they interact with and affect the body and brain.
   b. **Tobacco:** Information about tobacco use, prevention, and cessation.
   c. **Compulsive Gambling:** Understanding how compulsive gambling and other process addictions (e.g. eating disorders, sex and spending addictions) relate to substance use and can exist as a primary addiction.
   d. **BSAS Levels of Care:** Students should be familiar with the BSAS Levels of Care (described in the Program Regulations), the methods and goals of each level of care, and how a person may enter, flow through, exit and return to the system.

2. Ensuring Quality Care
   a. **Consumer/Client Rights**: Familiarity with the rights of consumers/clients.
   b. **Ethics and Boundaries:** Familiarity with BSAS counselor licensure regulations, and Ethical Standards for Counselors (NAADAC Code of Ethics) per 105 CMR 168.023.
   c. **Culturally and Linguistically Appropriate Services (CLAS):** Explicit discussion about the importance of providing culturally competent care to reduce health disparities for cultural and linguistic minorities. Reference to the National CLAS Standards, DPH's CLAS initiative and the Making CLAS Happen manual, SAMHSA's Guide on working with LGBTQ clients, along with related BSAS Practice Guidance documents and sponsored trainings.
   d. **Self-care:** Information and resources related to secondary trauma and professional self-care, to help counselors best serve their clients.
   e. **Evaluation of Service Delivery:** Information about the importance of continually working to improve services, through process improvement techniques such as those used by NIATx, methods of incorporating consumer input, and data collection and interpretation for outcomes measurement.

3. Providing Client-Centered Care
   a. **Culturally Competent Care:** Information and discussion about responding to individual clients' needs in the context of race, ethnicity, heritage, disability, gender identity, sexual orientation, economic and social class, housing status, criminal justice involvement, age and developmental process. Refer to resources listed in 2b, above.
   b. **Trauma Informed Care:** Clear understanding of Trauma-Informed approaches to care.
   c. **Family Issues/Involvement:** Information about familial cycles of addiction, theories of attachment, reference to the Adverse Childhood Experiences study, effects of substance abuse and addictions on children and other family members, as well as how families can intervene in a person's addiction and play a positive role in their recovery.
   d. **Age-Specific/Developmentally Appropriate Services:** Information about the impact of substance use across the spectrum of ages and levels of development, with close attention paid to up-to-date research and trends. For example, adolescents, as well as 18-25 year olds are now known to be

especially vulnerable to the effects of alcohol and drugs since their brains are still developing. People over 65 are also a rapidly-growing age group with unique substance use treatment needs.

e. **Gender-Specific Services:** Discussion about the importance of using evidence-based gender-specific models, techniques, and programming (e.g. Seeking Safety; Helping Women Recover, Helping Men Recover) to meet the different needs of men and women within the treatment system.
f. **Behavior management:** Understanding the meaning behind typical client behaviors and methods for responding appropriately (such as Motivational Interviewing techniques), which can help clients learn to productively, peacefully, and positively interact with others.
g. **Safety:** The importance of ensuring physical safety (related in part to behavior management) and emotional safety (related in part to self-care skills and to Trauma Informed practice) for staff and clients.

4. Understanding Prevention, Intervention and Outreach Strategies
   a. **Prevention:** Information about up-to-date Prevention techniques and strategies, including the Strategic Prevention Framework and Environmental Strategies, and Opioid Overdose prevention strategies.
   b. **Intervention**: Information about a range of intervention strategies for people at different levels of need, including SBIRT for healthcare, school, and other settings; and Family Intervention strategies such as ACRA-ACC and CRAFT.
   c. **Outreach:** Information about the spectrum of outreach strategies counselors might use to engage clients at every stage of change. For example, reaching out to those not yet engaged in treatment, following up for continued services, and making connections to recovery supports after treatment. Outreach also includes partnering with providers in other systems to best support the needs of shared clients.

5. Supporting Recovery
   a. **Self-help**: Integration of 12-step and other self-help groups in the recovery process.
   b. **Medication:** Medication-assisted addiction treatment (methadone and Suboxone) and other commonly prescribed mental health medications.
   c. **Culture of Recovery:** The notion that recovery is possible and achievable and exists on a continuum from early to long-term; information about concepts such as "recovery capital" and peer supports.
   d. **Responses to relapse:** Information about relapse as a part of recovery, including relapse prevention, and constructive relapse responses (as opposed to immediate discharge).

6. Addressing Related Health Needs
   a. **Co-occurring Conditions:** Information about mental health and physical health conditions that frequently co-occur with addiction.
   b. **Holistic and nutritional approaches to recovery:** Awareness that a range of approaches support recovery, including (but not limited to) acupuncture, naturopathic/homeopathic medicine, chiropractic, healthy eating/exercise, and mindfulness.
   c. **Infectious Disease:** Understanding the interplay of addiction and infectious diseases (infectious diseases include, but are not limited to: HIV/AIDS, viral hepatitis, sexually transmitted infections [STIs], tuberculosis).
   d. **Integrated Care:** Integration of treatment for behavioral and physical health conditions, including pregnancy and medication management.

IV. Counseling Practicum

105 CMR 168.000 requires a 300 hour supervised counseling practicum. A practicum, in this case, can include a range of supervised work experiences. Students who are currently employed at a substance abuse treatment

agency can use their jobs to fulfill the requirement, as long as the required amount of supervision and functional experience opportunities are provided and the Addiction Education Program is in touch with the student's supervisor. Of the 300 total hours each of the 12 core functions must be performed for a minimum of 10 hours, and a minimum of one hour of face to face supervision to 10 hours of practical experience must be provided.

V. Application

Please complete the application and submit it according to instructions at the top of the first page. If you have any problems filling out or submitting the application, please contact Alex Kearns at 617-624-5173.

Note: All information submitted to the Bureau of Substance Abuse Services as part of an application for approval is considered part of the public domain, therefore, you should not include any proprietary materials.